

Department of Behavioral Health  
Office of Information Technology

Department of Behavioral Health  
Application Services Group  
MEDs Procedures

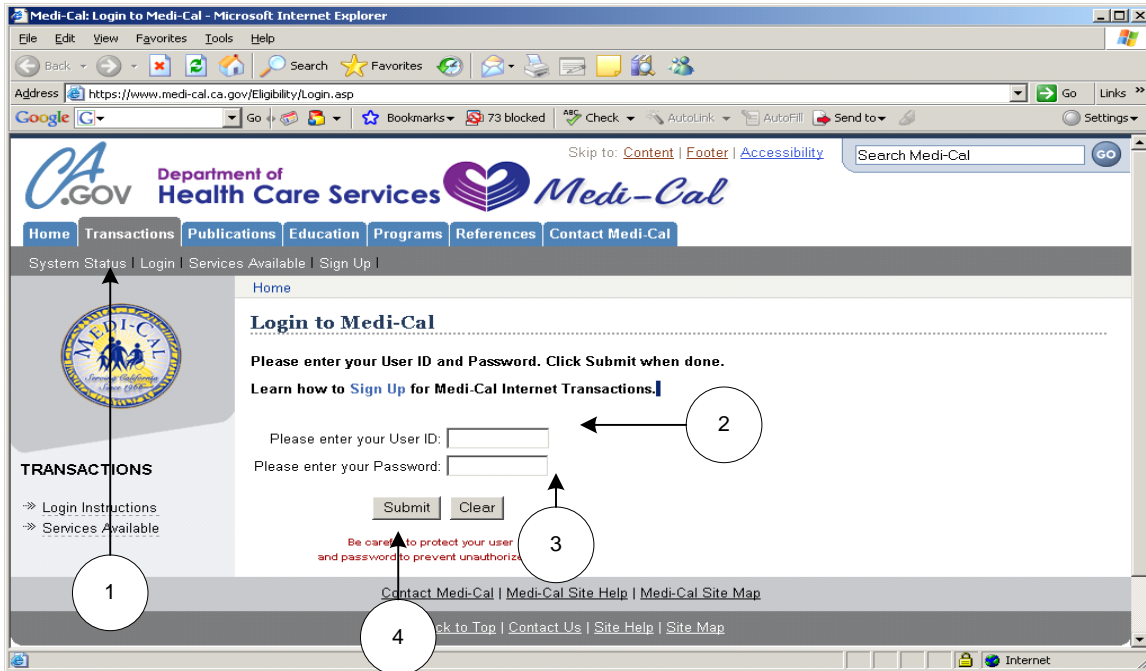


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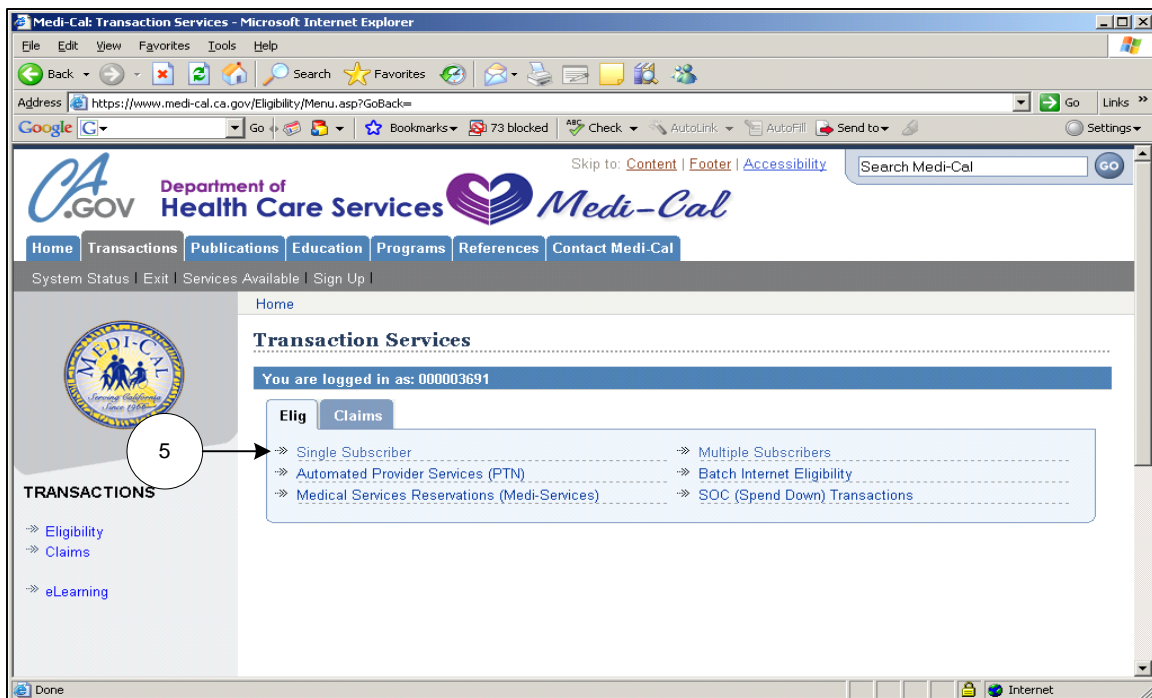
Medi-Cal Eligibility Login Procedures

The following procedures will provide you with instruction for accessing Medi-cal Eligibility.

<https://www.medi-cal.ca.gov/Eligibility/Login.asp>



1. Select "Transactions"
2. Enter Provider # 000003691
3. Enter Password 01313700
4. Click on "Submit"
5. Select Single Subscriber When the next screen comes up Select "Single Subscriber"



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Medi-Cal Eligibility Login Procedures

6. Enter the Subscriber/Client ID # this is usually the Social Security number. (there is no need to put spaces between numbers)
7. Enter the Subscriber/Client Date of Birth again no need for spaces however the format should be 02012008.
8. Issue Date is Today's date.
9. Service is also Today's date.
10. Click on the Submit button.

Medi-Cal Eligibility Verification - Microsoft Internet Explorer

Address: https://www.medi-cal.ca.gov/Eligibility/Eligibility.asp

Department of Health Care Services Medi-Cal

Home Transactions Publications Education Programs References Contact Medi-Cal

System Status | Exit | Services Available | Sign Up |

Home → Transaction Services

**Eligibility Verification**

You are logged in as: 000003691

Swipe Card: N/A

\* Subscriber ID: 1234567

\* Subscriber Birth Date: 12252001

\* Issue Date: 02252008

\* Service Date: 02252008

SUBMIT CLEAR

Recall data from last transaction

Click here for help on button usage.  
For help on fields, place the cursor in the desired field and click on the Help link on the left.

TRANSACTIONS

- Eligibility
- Claims
- eLearning

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Medi-Cal Eligibility Response - Microsoft Internet Explorer

Address: https://www.medi-cal.ca.gov/Eligibility/EligResp.asp

TRANSACTIONS

- Eligibility
- Claims
- eLearning

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Name: KINDER, ROGER M

Subscriber ID: 549920912

Service Date: 02/26/2008 Subscriber Birth Date: 12/25/2001 Issue Date: 02/26/2008

Primary Aid Code: 6H First Special Aid Code: 1234567

Second Special Aid Code: 12252001 Aid Code:

Subscriber County: 36 - San Bernardino HIC Number:

Trace Number (Eligibility Verification Confirmation (EVC) Number): 4376MWQPM7

Eligibility Message:  
SUBSCRIBER LAST NAME: KINDER, EVC #: 4376MWQPM7, CNTY CODE: 36, PRMY AID CODE: 6H, MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN, BIC: 90959160E77312, ISSUE DATE: 20071108, CW4511615411

Contact Medi-Cal | Mr. Jones | CW4511615411

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11. The "Green Light" indicates your request has been found and you will be provided with a limited amount of information such as a CIN number, the County Code, etc.
12. To request additional inquiries select "Eligibility" again it will take you back to the beginning.
13. It appears from our testing that several users may access this system at one time.

Should you encounter any problems please contact ISD Helpdesk @ (909) 884-4884